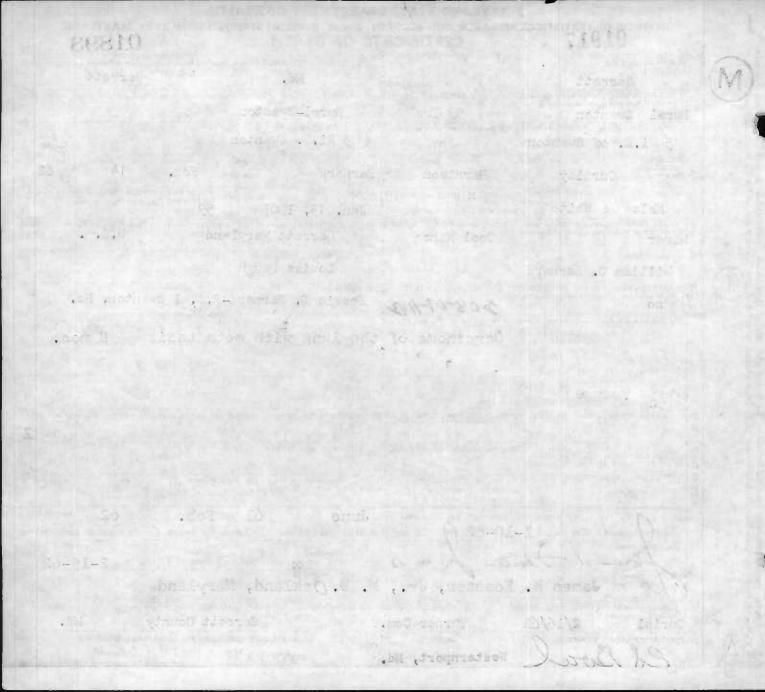
	MARYLAND STATE DEPARTMENT OF F	HEALTH
DIVISION OF STATISTICAL 01917	RESEARCH AND RECORDS, 301 W. PRESTON S CERTIFICATE OF DEATH	treet, baltimore 1, maryland 01898
CE OF DEATH	2. USUAL RESIDENCE	Where decessed lived, If institution: Residence before

a. COUNTY Garret	·.+.	MARYLAND	a. STATE Md.	E (Where deceesed lived, If b. COU)		
b. CITY OR TOWN (if outs		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporata limits, writ	e RURAL and giva	nearest town)
Rural Swanto		59 Yrs	X Rural-Swan	nton		
d. NAME OF HOSPITAL O		ospital, give street eddress)	d. STREET ADDRESS		- 10 - 10 - 20	a. IS RESIDENCE
3 Mi.E. of	Swanton		3 Mi.E. Swi	anton		YES X NO
3. NAME OF DECEASED (Type or print) Cur	First tley	Harrison E	Barnard	4. DATE Mont OF Feb.	14 ^{Dey}	19 62
5. SEX 6. 0	COLOR OR RACE 7. MARE	RIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
Male	White WIDOV	VED DIVORCED	Jan. 13, 190	3 last birthday) 59 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (done during most of working Miner	life area if estimati	KIND OF BUSINESS OR INDUSTR Doal Mine	Garrett		U.S.	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME		
William O.	Barnard		Louisa P	augh		
15. WAS DECEASED EVER IN (Yes, no, or unkown) (Ifyesg		6. SOCIAL SECURITY NO. 17. I	Dessie D. Ba	rnard-R.D. 1		Ms.
18. CAUSE OF DEAT	H [Entar only one cause pe	r line for (e), (b), and (c).]			IN	ERVAL BETWEEN
PART I. DEATH WA	S CAUSED BY: DIATE CAUSE (e)	arcinoma of t	he lung wit	th metastas	is 8	MOS.
1/63 X	DUE TO					
Conditions, if eny, wh					18 18 W. 1873	
geve rise to immediate co	ouse Due TO		115 (15)			
(a), steting the underly cause lest.	/ing (c)				765	
		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV		9. WAS AUTOPSY PERFORMED? YES NO X
PART II. OTHER SIGN OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEATH	ESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in P	Pert I or Part II of item 18.)	1	Coupe Sales
20c. TIME OF INJURY Hour e.m. p.m.	Month, Dey, Yeer 204 Wit	ileNot While fact	CE OF INJURY (Home, farm, ory, straet, offica bldg., etc.)		(County)	(Steta)
		ended the deceased from				
	alive on	-62 (19 and that	death occured at	M, from the causes	and on the d	
22e. SIGNATURE	H. Pente	J. W. D M	.D. PHYS.	AED. STAFF	2.	226. DATE SIGNED -15-62
226. HYSICIAN'S NAME (Type)	ames H. Fe	aster, Jr., M	I. D. Oaklai	nd, Marylan	d	
23a. BURIAL, CREMATION,		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to		(Stata)
Burial (Specify)	2/16/62	Turner Cem.		Garrett Cour	nty	Md.
24 FUNERAL DIRECTOR'S SI		ADDRESS			GISTRAR'S SIGNA	
CALU	TUN 110	sternport, Md.	I DV EED	100		



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Dillonia (M	1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01918

CERTIFICATE OF DEATH 01899

ì	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
/	o. COUNTY Garrett MARYLAND	o. STATE Md. b. COUNTY Garrett
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Rural Swanton 62 Yrs	X Rural Swanton
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	/ d. STREET ADDRESS e. IS RESIDENCE
	6 Mi. E. Swanton	6 Mi.E. Swanton YES NO ON A FARM?
П	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
	(Type or print) Robert Monore Broad	lwater DEATH Feb. 16 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Male White WIDOWED DIVORCED	Nov. 17, 1899 62 yrs. Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	2Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Laborer Paper Mill	Garrett Co.Md. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Frederick Broadwater	Ellen Wilt
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
	(Yes, no, or unkown) (If yes give wer or detes of service)	
П	18. CAUSE OF DEATH [Enter only one ceuse for line for (e), (b), and (c).]	Mrs. Savilla Broadwater
	1B. CAUSE OF DEATH [Enter only one ceuse fer line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (e)	Julio da gar
	DUE TO	01-
	Conditions, if any, which (b)	aloseo 6 MO
	geve rise to Immediate ceuse (a), steting the underlying DUE TO	
	cause last. (c)	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	OIL OIL	PERFORMED?
и	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED), (Enter neture of injury in Pert I or Pert II of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. Lend house of many in roll to roll in or how to
		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
	Hour a.m. While Not While st work et work	tory street, office bldg., etc.)
		Verse 1962 to 5/26 16 196 that (1) (we) last
	21. I certify that (I) (this hospital) attended the deceased from	
		death occured at
	226. SIGNATURE	ATTENDING MED. STAFF
		A.D. PHYS. DIRECTOR PHYS.
1	294 BIOGRICIAN'S NAME (Type) T	22d. ADDRESS
	James A. Wolverton, Sr.	Piedmont, W. Va.
	238. BURIAL, CREMATION, 23b. PATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 2/18/6 Broadwater	Garrett Md.
-	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Westernport, Me	DATE FEB 2 0 '62 Carthur & France
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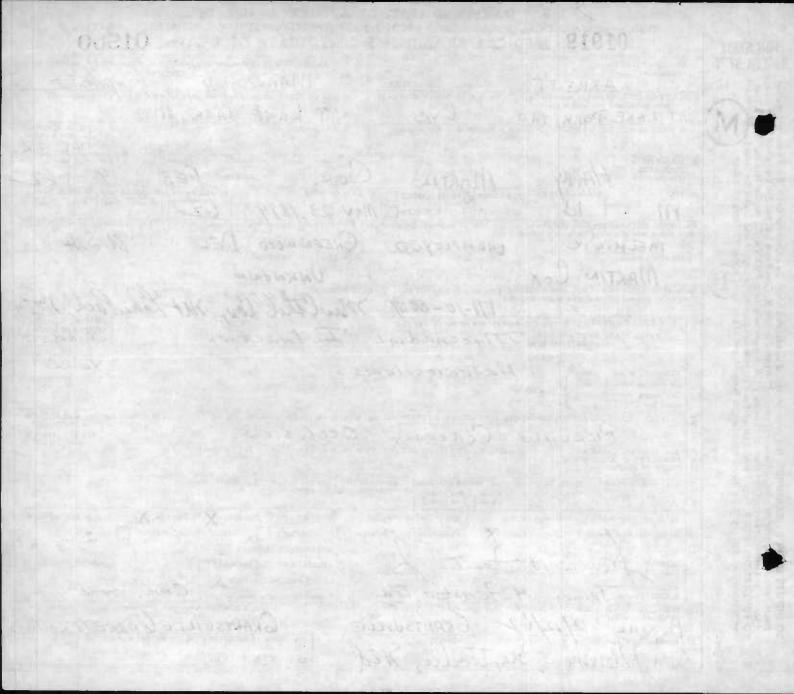
So co were support, Md.

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11919 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01500

CALIN B	EFI.		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution Re	sidence before edmission)
. g . '			GARRITT MARYLAND	e. STATE MARYLAND b. COUNTY	006
Pales			b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b		RRETT
SET	1		write RURAL and give nearest town)	c. CITY OR TOWN (Il/outside corporete limits, write RURAL end	give neerest town;
	IN	1	MT LAKE DARK, MO 6 YRS	INT LAKE JARK, MD	
	VI		d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
10 m	1	-			ON A FARM?
e e e e	: X.	-			YES NO X
Staine			NAME OF First Middle	Lest 4. DATE Month	Dey Yeer
the of			(Type or print) TARRY MARTIA	COX DEATH LER	9 1967 -
5 2 4		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y	EAR IF UNDER 24 HRS.
d 3			200	1 2 4 4 4 4 4 4 4	eys Hours Min.
EE C			VV · VO WIDOWED DIVORCED	11144.23,1899 162 VIS.	
2 Pu 2		10a	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	RY 1. BIRTHPLACE (State or foreign country) 12, CITIZ	EN OF WHAT COUNTRY?
sol,		401		GREEN WOOD DEL 9	1,51
ge . P		13	MECHINIC NAEMPLOYED	14. MOTHER'S MAIDEN NAME	101H
M3 Pag		10.	M		
NA OF	T		MARTIN COX	UNKNOWN	
OFE	را		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Address	01.
1 - T		(Ye	s, no, or unkown) (Ifyesgivewerordelesofservice) 171-10 - 5059	M. ETT Of MIL Yol	Kark Med
Will Vitt		-		Mrs Chel Cox, Mt Lake	ince ince
T D to L			1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		ONSET AND DEATH
il il	2		PART I. DEATH WAS CAUSED BY: 77740 CARdin L	- LNFARCTION	ONGGEN
a a a	5		DUE TO		
Fig.	i		0. 0.1-0-01		YEARS
3.203	2		Conditions, if eny, which gove rise to immediate cause	23.7	
Sas	<u> </u>		(e), steting the underlying DUE TO		
ine ine	5		cause lest. (c)		
ре	-	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	
P G G	1	CATION	Par · Ca	Occlusion	PERFORMED?
wor dical	5 0	اقا	TREVIOUS CORONARY		YES NO
pedio	3	CERTIFI	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury In Pert f or Pert II of item 18.)	
古人名言	0	8	CAUSE OF DEATH.		
ting of	5	Y	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (Count	(Stete)
Chi		MEDICAL	Hour e.m. While Not While	ctory, street, office bldg., etc.)	
he d	5	A.	p.m. 19 et work et work		
S O O	1		21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry ,	and in my opinion
			death resulted from: Natural causes X. Accident . Sui	cide . Homicide . Undetermined manner	
RECT	7				2-9-62
			1-1-X	CHIEF MEDICAL EXAMINER	
Lo.	É	14	SIGNATURE CINE W. Jeaster	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
2 8 5	1			DEPUTY MEDICAL EXAMINER 🔀	
execute and be forw NERAL Di	i of		NAME (TYPE) JAMES H. TEASTER TR	Address (Street, city, town, or county) OAK, 7	776
should be for	2	22e	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C		(Stete)
SAM			REMOVAL (Specify)		arma ha
240 g	0:		BURIAL 2/12/62 GRANTSUIL		PEIICO MI
	4.	23.	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
VS. A15ME 5M 9/60	Do	1	Von Mouman Shandackella Mil	DATE FER 1 4 '62 Caning S.	Frank
JM 7/00	A		will be the second of the		



FOR STATE HEALTH DEPT.

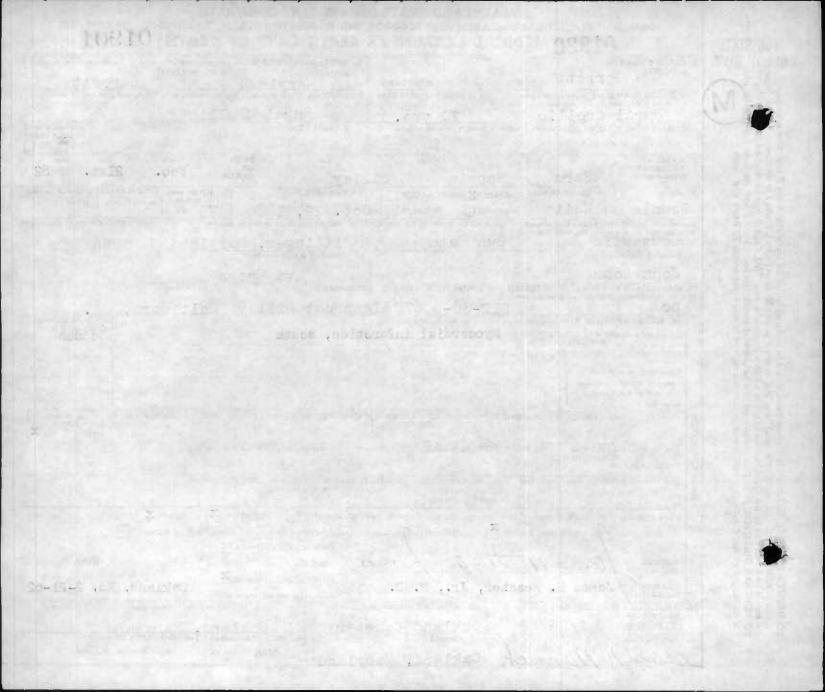
TO DEPUTY MYSICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please executed. Entificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral day should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

01920 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01901

		PLACE OF DEATH				CE (Where deceased lived, If		nce before admission)
1		Ga	rrett	MARYLAND	o. STATE	b. coun land	Garre	ett
	- 1		outside corporate limits, give necrest town)	c. LENGTH OF STAY IN 11		If outsida corporete limits, writa	RURAL and give	neerest lown)
		-	Crellin	20 vrs.	X Rura	1 Crellin		
A	-			ot in hospitel, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE
								YES NO
		NAME OF	First	Middle	Last	4. DATE Month	Day	Year
		DECEASED (Type or print)	Sara	Naomia D	illey	OF DEATH Feb		19
	_	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Devs	Hours Min.
4		Temale		VIDOWED DIVORCED	Oct. 22, 1		Monnis Deys	Tiouis Min.
	10a.	. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired)	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
		Housewif		Own Home	Bittinge	r, Maryland	US	A
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN			
1		John Loh	r		Eva	Myers		
1			R IN U.S. ARMED FORCES		INFORMANT	Address		
	(100	no	yasgira wai oi qalasoisai ri	212-38-6567BG	lennroot Di	lley Baltim	ore. Md	9
		18. CAUSE OF D	EATH [Enter only one ca	use per line for (a), (b), end (c).]			IN	TERVAL BETWEEN
		PART I, DEATH	MAS CAUSED BY:	Myocardial infa	rction, acute		S	udden
		47	DUE TO					
		Conditions, if any	0					
А		gave rise to immedia	(-)					
		(e), steting the un	derlying					
1	z		SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
	OIT							YES NO
	IFIC/	20a. EXTERNAL CA	USE WAS 20b.	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury In Per	rt I or Pert II of item 18.)		113 🔲 110 🔁
	CERTIFICATION	PRIMARY OF COL						
	MEDICAL	20c. TIME OF INJUI	Month, Dey, Year		PLACE OF INJURY (Home, ferriectory, street, office bldg., etc.		(County)	(State)
	MED	p.m.	19	et work at work				
		21. I certify th	at I took charge of t	he remains described above,	held an Autopsy .	Inspection K, Inquir	y , and	in my opinion
		death resulted #	om: Natural caus	es Accident 77 Su	uicide , Homicide	, Undetermined m	anner	
		(CHIEF MEDICAL	EXAMINER		
		ACTUAL SIGNATURE	Jun-H.	Tenter J. 4	M.D. ASSISTANT MED	DICAL EXAMINER		DATE SIGNED
			W T	The Total D	DEPUTY MEDICA	L EXAMINER TO	2 2 262	0 07 (0
2		EXAMINER'S J	ames H. Fea:	ster, Jr., M. D.	Address (Streat,	city, town, or county)	Land, Md	. 2-21-62
	22a	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town	, or country)	(Stete)
		Burial	2/25/62	Oakland Cer	netery		rvland	
-	23.	FUNERAL DIRECTOR	1 0 1	ADDRESS	24e. REC	C'D BY REGISTRAR 246. REG	ISTRAR'S SIGNAT	
1-	X	Gerald //	Minnic	h Oakland, Ma	aryland DATE	MAR 1 '62	withen S. Th	tall.



VR A15 (4) 15M 9/60

18

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1921 CERTIFICATE OF DEATH

a. COUNTY			e. STATE	ACE (Avuale dec	b. COUN		nce parore admission)
	RRETT	MARYLAND	11	EST VIR	GINTA	GRA1	NT /
	outsida corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PE	September 1 minute di	- Add Mark Mark And A	4.5 da
write RURAL and		2 dorm	DT.	T CADDE	AT.	P	EX .2
	AL OR INSTITUTION (if not in	hospital, give streat address	d. STREET ADDRESS	K GARDEI	N		. IS RESIDENCE
							ON A FARM?
GARRETT COUN	man Sucha to a manifestation of the						YES NO X
DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yaar
(Type or print)	JOHN	JOSEPH	DROPPLEMAN	DEATH	FEB.	27	19 62
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		AGE (In years)		IF UNDER 24 HRS.
MALE	WHTTE WIDO	OWED DIVORCED	SEPT.18.1880		(ast birthday)	Months Deys	Hours Min.
10a. USUAL OCCUPATIO	ON (Giva kind of work 10	b. KIND OF BUSINESS OR INDUST			UL	12. CITIZEN	OF WHAT COUNTRY?
dona during most of worl	(ing lifa, even if retirad)	Caal Mines	Maryl	land		U.S	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	HENRY DROP	PLEMAN	т	HRESA	HARMAN		
	R IN U.S. ARMED FORCES?		INFORMANT	A A COLUMN COLUMN	Addrass		
(Yas, no, or unkown) (If)	yas give war or dates of servica)	236/12/7946	JAMES DROPPL	TENANT			
	ATH [Enter only one cause]	700//	JAPES DRUPPL	EMAN		LIN	TERVAL BETWEEN
	WAS CAUSED BY:	7. h	7 .	,			NSET AND DEATH
	MMEDIATE CAUSE (a)	reumanna	deriunal			-	1. Dary
144	DUE TO John	Miteusur Car	dio basci	clas de	RICK	e !	57
Conditions, if any,	which 3 (b)	+1 0 T.	1 or Cons	retury	Inelus.	1 . /	. Illussy.
gave risa to Immadia	DITE TO	the trypulling	and cont	curry	, conte		
(a), stating the un cause last.	derlying	Jest asel	11111	0		1	0-12922
	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
							PERFORMED?
<u> </u>							YES NO
PART II. OTHER OF CONTRIBUTING [IF EITHER, NOTIFY]	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURE	D. (Enter natura of injury in	Part I or Part II	of item 18.)		
20c. TIME OF INJUR	Y Month, Day, Year 2		ACE OF INJURY (Homa, far		or town)	(County)	(Stata)
Hour a.m.		Vhile Not While far	ctory, streat, offica bldg., at	c.)			
	19		FEB. 25.	62	TOTAL OF	240	
21. I certify th	at (I) (this hospital) at	jended the deceased from	0.55				that (I) (we) last
saw the decease	ed alive on 26	19.6. 2, and the	it death occured al.	M, from	the causes	and on the d	late stated above.
22a. SIGNATURE		11	ATTENDING	MED.	STAFF		22b. DATE
(udrin ?	Mance.	M.D. PHYS.	DIRECTOR	PHYS.		27-566
22c. PHYSICIAN'S			22d. ADDRESS			T-T-A-T-T-	
NAME (Type)	ANDREW E. N	MANCE, M.D.	THIRD ST	REET	OAKLAN	ND, MARY	LAND
23a. BURIAL, CREMATIC	NT 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, tow	vn or county)	(Stata)
REMOVAL (Spacify)	3-2-62	TOOF		511	Y GAR	den	WVa.
24. FUNERAL DIRECTOR'	S SIGNATURS / 4	ADDRESS	25a. RI	EC'D BY REGISTI		GISTRAR'S SIGNA	
D. a. D. X	le Patts	& St. 10	2 m. 1			author 2. +	
When In	u orus o	VI. Myner	by / Co. DATE				
- //							

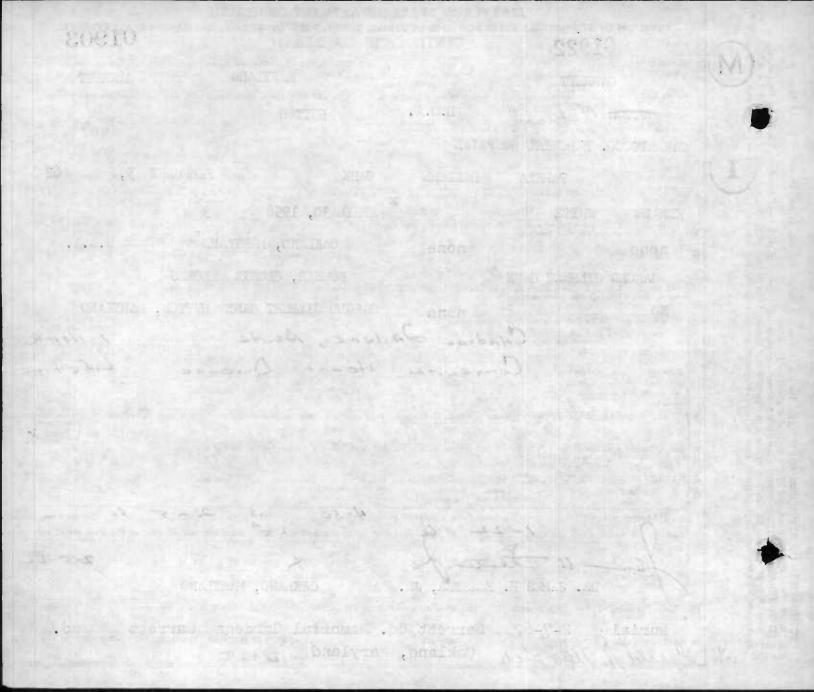
4 (4)				10010
V Bush				
			ngel Ç	
	The S		andre t	THE STATE OF THE S
	I.			
mark .	Take Tak		A CONTRACTOR	
	75.63	60	La set	
Far C			Manie	
authority.		Value of Maring	e , ,	.o kemia . A Toris

15M 9/60

MARYLAND	STATE	DEPARTMENT	OF	HEALTI
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01922 CERTIFICATE OF DEATH

)	1. PLACE OF DEATH a. COUNTY GARRETT MARYLAN	2. USUAL RESIDENCE (Where decesed lived, If institution: Residence before admission) e. STATE MARYLAND b. COUNTY GARRETT
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give peerest town) TOTION D.O.A.	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HUTTON
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) GARRETT CO. MEMORIAL HOSPITAL	d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES \[\] NO \[\]
	3. NAME OF First Middle DECEASED (Type or print) PAMELA DARLENE	GANK 4. DATE Month OF FEBRUARY 5, 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FEMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeers lest birthdey) APRIL 30, 1958 9. AGE (In yeers lest birthdey) 3 yrs. Hours Min.
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDICATED TO BUSINESS OR IND	USTRY 11. BIRTHPLACE (County & Siete, or foreign country) OAKLAND, MARYLAND 14. MOTHER'S MAIDEN NAME
	GAROLD GILBERT CANK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordetes of service)	BOWSER, GLORIA DELORES 77. INFORMANT Address ADDIT OF THE CANAL MARKET AND
	Conditions, if eny, which geve rise to immediate couse (a), stating the underlying DUE TO DUE TO	GAROLD GILBERT GANK HUTTON, MARYLAND INTERVAL BETWEEN ONSET AND DEATH I LE DR LIFET. C
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO WAS NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO WAS AUTOPSY PERFORMED? YES NO WAS AUTOPSY PERFORMED?
		. PLACE OF INJURY (Home, ferm, ; 2Df. (City or town) (County) (Slete)
	Hour s.m. While Not While et work et work	factory, street, office bldg., etc.)
		that death occured at 2.4.4. A, from the causes and on the date stated above.
	220. SIGNATURE 22. PHYSICIAN'S NAME (Type) DR. JAMES H. FEASTER, JR.	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 22d. ADDRESS OAKLAND, MARYLAND
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Memorial Gardens Garrett Md.
1.	Gerald M. Minnich Oakland,	Maryland DATE FEB 1 3 '62 Chilling & Thous



MARYLAND STATE DEPARTMENT OF HEALTH 01923 CERTIFICATE OF DEATH

01904

1. PLACE OF DEATH				2.	USUAL RESIDENCE	CE (Where o	leceased	ived. If instituti	on: Reside	nce befor	re admiss	sion)
o. COUNTY	Garrett		MARYL		D. STATE	Va.		b. COUNTY		ston		/
	(If outside corporate limi	its, write	c. LENGTH OF STAY	N 16	c. CITY OR TOW	N (If outside	e corporo	te limits, write R	URAL ond	give nec	rest town	1)
RURAL ond give			ll days		Turmer	-Doug	las		8.	5 X	. 3	
OR INSTITUTION			address)		d. STREET ADDR	-						FARM?
	Co. Memoria			1							IES [I NO E
3. NAME OF DECEASED (Type or print)	Victoria	rst	Regina	Has	kiell		DATE OF DEATH	Mon Feb.		7	,	Year 19 62
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	B. D.	ATE OF BIRTH		9	. AGE (In years				ER 24 HRS
Female	White	WIDOWE	D DIVORCED	F	eb. 28.	1878		last birthdoy) 83 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b. I	KIND OF BUSINESS OF				reign cou	ntry)	12. CI	TIZEN OF	WHAT	OUNTRY
Housewife	rking life, even if retired		Own Home		Marylan	1			1	JSA		
13. FATHER'S NAME	3		JWII IIOIIE	1.	. MOTHER'S MAI					JIDM		
0	7.							71.7				
George S	TER IN U. S. ARMED FOR	CECO 14	SOCIAL SECURITY NO.	17 INFOR		Lucin	da W:	ilhelm Add				
(Yes, no, ar unknown)	(If yes, give war or dates of s		SOCIAL SECURITY NO.	IZ. INTOR	MAN			Add	1033			
no		1	none	Geo:	rge Hask	iell		Turner-	Doug	las.		Va.
18. CAUSE OF DE	ATH [Enter only one co	ouse per lin	e for (a), (b), and (c).]		-					INTE	ERVAL BE	TWEEN
PART I. DE	ATH WAS CAUSED BY:		Meser	1011	a Ket	- 2	1/2 /		7	ONS	ET AND	
1.			1 cour	000	6 / 50	-04	1200	wal			Jun	1
4-	DUE TO		11	1.	-1-1	1	^		7		-	A
Canditions, if	ony, which) (b	1	1118/11	dea	1-1614	un 1	+ AUP	DALL SUL	much	7 =	2607	Lug
gave rise to	immediate (7:	1			1	11				
cause (o), stating	g rne under-	6	11/05	-060	1			/				
lying cause last	_ / /c	1-60	AJELLO.	304	1660	7						
PART II. O'	ther significant con	IDITIONS <u>C</u>	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE	TERMINAL	DISEASE	CONDITION GIV	/EN IN PA	RT 1(o) 1	PERFC	RMED?
OR CONTRIBUTIN	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	nter noture of inju	ury in Port	or Part I	I of item 18.)				
N 20c. TIME OF INJU	JRY Manth, Day, Ye	gr 20d. IN	JURY OCCURRED	20e. PLACE	OF INJURY (Hom	e, form, 2	Of. (City o	or tawn)		(County)		(State)
20c. TIME OF INJU		While	Not while		, street, office bld		, ,			(//		
₹ p. m.		at wark	ot work									
21. I certify th	ot (I) (this hospital	l) attend	ed the deceased t	fram DE	2.10.	1961	, to_I	EB. 7	19.	52, th	at (I) (we) las
sow the deced	ased olive an FET	3.7.	19 62, and	that deat	h occurred at	3:36M	from t	ne couses ar	d on th	e dote	stated	obove
220. SIGNATURE	101	1										b. DATE
6	11.5.1	100	ull	M.D.		MED. DIRECT	OR 🗆	STAFF PHYS.				SIGNED
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A.E. MANO	CE. M	.D.		THI	RD ST	REET	OAKI	AND,	MAL	YLAN	D
23a. BURIAL, CREMATI			23c. NAME OF CEME	TERY OR CE	REMATORY	23d	LOCATION	ON (City, town,	or county)		(Sto	te)
REMOVAL(Specify									77	N.	7.0	101
Burial	DIC CICALATURE	1	Ashby Cem	etery	0.5	DECID ON	-	rett	CYDAD'C C	ICNIATIO	OF.	
24. FUNERAL DIRECTO	11 11/11	. /	ADDRESS			REC'D BY						
201000	1. Munnie	n	Onlel and 1	Francold	DA DA	TF assessed 4	2 16) (Ilun S	Thank	4.0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 funeral directar, ald be filed with may be revained the haspital ar attending physician.

TO FUNERAL DIFFERAL ST. After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 21 the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death: VR A15 (4) 15M 9/59

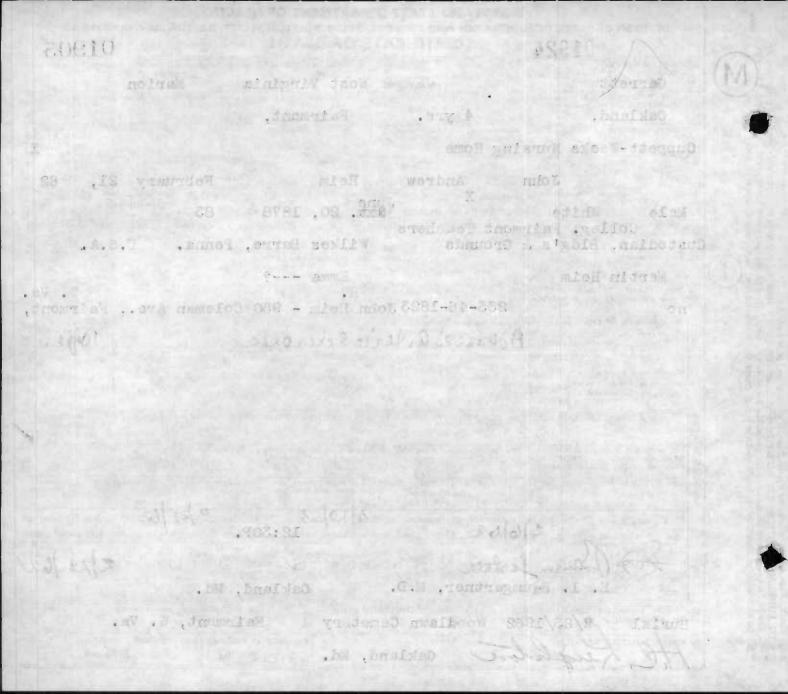
Tuesto -			
	Service Control		
	and the first that the same of		
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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01324	GERTITICAT	. 01 017				$J1905_{-}$
1. PLACE OF DEATH	H		2. USUAL RESI	DENCE (Where			lence before admissio
Garret	t	MARYLAND	West Viz	rginia	b. COUN	ion	
	if outside corporete limits,	" c. LENGTH OF STAY IN 16			orporete limits, write		ve neerest town)
Oaklar	d give neerest town)	4 vrs.	Fairmo	on t		PEY	.2
		in hospitel, give street eddress)	d. STREET ADD			001	. IS RESIDENCE
							ON A FARM
3. NAME OF	Weeks Nursin	9	11				YES NOX
DECEASED		Middle	Lest	4. DAT		De	ey Yeer
(Type or print)	John	Andrew	Heim	DEA'	Lent.ns		
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lest birthday)		
Male	White wit	DOWED DIVORCED	xx. 20,	1878	83 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPAT	1916 Sire kin Frankrich	THE THE HEND IN THE THE THE THE THE			or foreign country)	12. CITIZEN	OF WHAT COUNTR
custodian.		rounds		Barre.	Danna	U.S	۸
13. FATHER'S NAME	Drag a a	of Curios	14. MOTHER'S MA		Penna.	0.0	•M •
Manah da	Trade						
Martin			Emma -	?			***
(Yes, no, or unkown) (I	It vas a iva war or datas of samina	16. SOCIAL SECURITY NO. 17.			Address		W. Va
no		235-46-1823 Jo	nn Heim •	- 950 0	oleman A	lve.,	Fairmont
PART I. DEAT	H WAS CAUSED BY:	drance and	io Selen	oric			ONSET AND DEATH
	DUE TO					1000	
Conditions, if eny	1 10						
geve rise to immed (a), steting the u	DIJE TO						
cause lest.) (c)						
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE T	TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(e)	19. WAS AUTOPS'
*							YES NO
OR CONTRIBUTING	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER	. DESCRIBE HOW INJURY OCCURED). (Enter nature of inju	ury in Pert I or Pa	t II of item 18.)		
ZOC. TIME OF INJU	JRY Month, Dey, Yeer	20d, INJURY OCCURRED 20e, PLA	ACE OF INJURY (Hom	e, farm, : 20f. (6	City or town)	(County)	(Stete)
Hour a.m.			tory, street, office blds	g., etc.)			
p.m.	19	et work et work	Alaber		27 -21	F 100	
21. I certify t	that (I) (this hospital)	attended) the deceased from.			10 /41		, that (I) (we) la
saw the deceas	sed alive on 200	6 2 19 and that	death occured.	L2:30Pi	om the causes	and on the	date stated above
220. LIGHATURE	11	A	ATTENDING	MED.	STAFF	17.11.00	22b DATE
1	(Laure Co	MADE	I.D. PHYS.		PHYS.	2	124 162
22c. PHYSICIAN'S NAME (Type)		gartner, M.D.	22d. ADDRESS	akland,	Md.		
	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LC	CATION (City, tow	n or county)	(State)
Bull 1a Tocify)	2/23/1962	Woodlawn Cen	netery	Fai	rmont, W	. Va.	
4 FUNERAL DIRECTOR	P'A SIGNATURE A	ADDRESS			GISTRAR 256. REG		NATURE
HA	50,261	Oakland				Muy 8. 90	
11100	Jugue to	Vanialie	DA DA	TE FEB 2 6	02	Annual 781, 1 A	

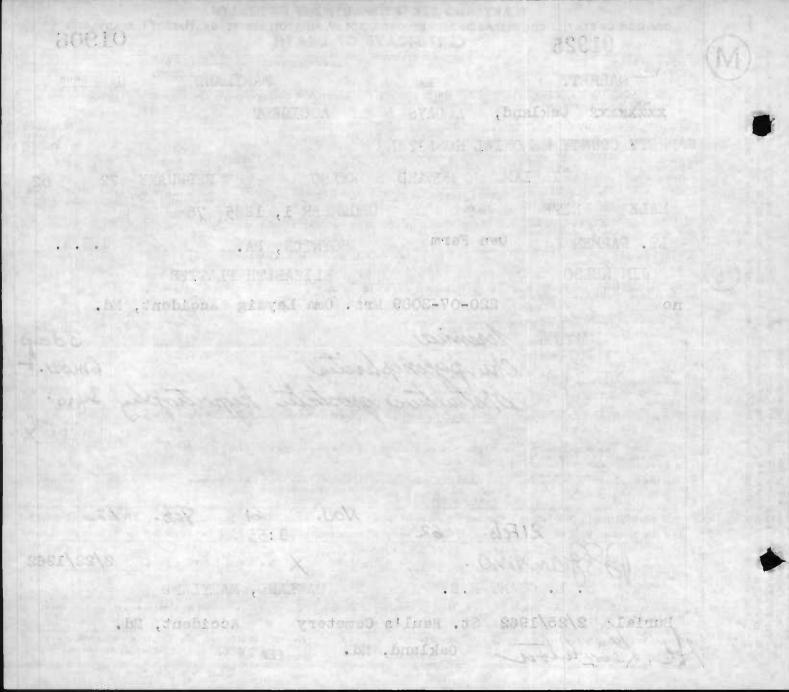


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01925
CERTIFICATE OF DEATH
2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before a STATE

	The state of the s	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, R	esidence before edmission)
GARRETT	a. STATE MARYLAND G	ARRETT
b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give naarast lown)
ACCENTANT Oakland, 4 DAYS	X ACCIDENT	
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
CADD THE CONTROL ASSESSED THE CONTROL OF THE CONTRO	S. STREET ADDRESS	ON A FARM?
The state of the s		YES KNO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month OF	Dey Year
(Type or print) WILLIAM HOWARD	KELSO DEATH FEBRUARY	22 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED PA DIVORCED D	ECEMBER 1. 1885 76 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		ZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		
TOTAL TELEVISION	BOYNTON, PA.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JIM KELSO	ELIZABETH PLATTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address	
(Yes, no, or unkown) (Ifyesgive weror detes of service) 220-07-8089 M	rs. Oma Leydig Accident, 1	vid.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (e)		Jaay
DUE TO Che medianes	iritis	(mare)
	siles,	pwon.
geve rise to immediate ceuse (e), steting the underlying DUE TO	+ 1: 1 + 1	7
ceuse lest. (c) Opsimilaries of	mostalle repulsophy	syro.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T RELATED TO THE TERMINAL DISPANE CONDITION OVEN IN PART	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIB	V	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Pert I or Part II of itam 18.)	1.00
OR CONTRIBUTING CAUSE OF DEATH	e true many or infort in the total in or non-total	
0	CE OF INJURY (Home, ferm, 20f. (City or town) (Courtory, street, office bldg., etc.)	nty) (State)
Hour e.m. While Not While at work at work		
21. I certify that (I) (this hospital) attended the deceased from	NOU. 1961, 10 Feb. 19.	62het (1) (wa) last
21. Certify that (i) (this nospital) attended the deceased from.	double assured of a PAR CARR the same	
saw the deceased alive on21Fcb1962, and that	death occured at 1	he date stated above
22e. SIGNATUTE	ATTENDING MED. STAFF	O /OO /7 OSIGNED
	.D. PHYS. DIRECTOR PHYS.	C\SS\T965
22c. PHYSICIANS POT CDANIT M D	22d. ADDRESS	
NAME (Type) B. L. GRANT M.D.	OAKLAND, MARYLAND	0 00 00 00 00 00 00 00 00 00 00 00 00 0
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county	(Stete)
REMBUTIATY 2/25/1962 St. Paul's (Cemetery Accident, Md.	
24 FUNERAL DIRECTOR'S, SIGNATURE / ADDRESS	25e, REC'D BY REGISTRAR 25b, REGISTRAR'S	
Oakland,		
	Md. CED 2 6 '62 arthur S.	/ CLAUGE

by the funeral and 2 should fer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, death. Page 4 Asy be retained by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filly director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4) 15M 9/60



VR A15 (4) 15M 9/59 90

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01926 CERTIFICATE OF DEATH

01907

1. PLACE OF DEATH a. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE OF STATE	CE (Where deceased	l lived. If instituti b. COUNTY		- /
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16		N (If autside carpo	rate limits, write R		
RURAL and give nearest town) Rural. Grantsville.Md.	7 months	Cur	mberland.		010	2.2.
d. NAME OF HOSPITAL (If not in haspital, give street		d. STREET ADDR			0.10.4	e. IS RESIDENCE
Goodwill Mennonite Home	Inc.	24.1 Ne	w Hamoshi	re Ave.		ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Mar	nth De	y Year
(Type or print) Ettie	M.	Kight	DEATH	Feb.	. 20	19 62
	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)		Haurs Min.
female white widow	ED DIVORCED	Sept. 2	5, 1866	95 yrs.	Manths Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. during mast af warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign co	ountry)	12. CITIZEN O	F WHAT COUNTRY?
housewife	Own home	West	Virginia		U.S.	A.
13. FATHER'S NAME		14. MOTHER'S MAI				
Thomas L. Shrader		Lau	ra Kinca	id		
	SOCIAL SECURITY NO. 17.	NFORMANT		Add	ress	
	JNKNOWN	Mrs. Leah	Huffman	Blau	velt, N.	Y.
18. CAUSE OF DEATH Enter only one cause per li	ne far (a), (b), and (c).]		77		IINT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	hronic brai	n syndrom	10		ON	SET AND DEATH
IMMEDIATE CAUSE (a)		II Dyllaz On				
	erebral arte	riosclero	sis			10 vrs
gave rise to immediate		110001010	040			TO ATS
cause (a), stating the under-						
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASI	E CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of inju	ury in Part I ar Part	t 11 of item 18.)	1	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
ZOc. TIME OF INJURY Manth, Day, Year 20d. I While Pp. m. 19	Nat while fo	LACE OF INJURY (Hama actary, street, affice bld		ar tawn)	(Caunty)	(State)
21. I certify that (I) (this haspital) attend	ded the deceased fram.		1961			hat (I) (we) last
saw the deceased alive an 2/13/0	and that	death accurred at	L ~ NV, Yram	the causes ar	nd an the date	22b. DATE
P. SIGNATURE P.	Alm	ATTENDING	MED.	STAFF PHYS.	Mah	SIGNED
22c. PHYSICIAN'S	and one	M.D. PHYS. 22d. ADDRESS	DIRECTOR L	PHYS.	Feb.	20, 196
NAME (Type) A. Paige St	rong		Gran	tsville	, Md.	ank acasa namah dada magin nagah dapih malah nagah nama selebi seman selebi segah
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Feb. 23, 1962	23c. NAME OF CEMETERY O		2 2	TION (City, town,		(State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	-	. REC'D BY REGIST	1	ISTRAR'S SIGNATU	JRE
Byron Kight	Cumberland		TEB 2 3 '62		Chur S. Than	

12.0			Disput.	
	a chud what			
	A Principal Control		 March	Carrent .
	Service Control			
	alated regions			Manuscra
			40	
Belgion a sure	Land Control of the land			
Tanille 18				
		Lan.	D-40-32 N	
	Ca Flat			
		15 5 15		

FOR STATE HEALTII TO DEPUTY PEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execut. Certificate, writing the word "pending" in pendin it lem 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained it but files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bogget of Health,

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Di

ision of ST	ATISTICAL :	RESEARCH A	AND RECORDS,	301 W. PRESTON	STREET,	BALTIMORE 1	, MARYLAND
0192	27 MED	ICAL EX	CAMINER'S	CERTIFICATE	OF D	EATH	01908
The State of State of							

/LI 1.		e. COUNTY			2. USUAL RESIDE	NCE (Whare decaased livad, If in b. COUNT	nstitution: Residance before admission)
X			arrett	MARYLA	ND Mar	vland	Garrett
		b. CITY OR TOWN (if write RURAL and	foutside corporata limit giva nearest town)	s, c. LENGTH OF STAY	N 1b c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give nearast town)
M		Swanto		3 mos	Swan	nton Rt. 2	
	1	d. NAME OF HOSPIT	AL OR INSTITUTION (ii	f not In hospital, give street eddress	d. STREET ADDRES		IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED	First	Middla	Last	4. DATE Month	Dey Year
		(Type or print)	Laura	Virgie	Liller	DEATH Feb.	3 19 62
6	5.	SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
/ z nours aner		Female	White	WIDOWED DIVORCED	Feb. 28,	1887 74 yrs.	Months Deys Hours Min.
7	10a	a. USUAL OCCUPATION	ON (Giva kind of work	106. KIND OF BUSINESS OR IN		ta or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Housewif		Own Home	Swanton	Maryland	USA
I	13.	. FATHER'S NAME	MITT SHEET		14. MOTHER'S MAIDE		
	1	Wil	lliam Upho	ole	Lvdia	Thomas	
iveve	15.	. WAS DECEASED EVE		CES? 16, SOCIAL SECURITY NO.	17. INFORMANT	Address	
>	1	no	Assaire matot datazotza	none	Melvin Frier	nd Swanton	n Rt. 2, Md.
6			EATH [Enter only one	cause par line for (a), (b), and (c).]		21131100	INTERVAL BETWEEN
and			WAS CAUSED BY:	Peritonii	cis		ONSET AND DEATH
40		153	DUE TO				
P AO		Conditions, if eny,	B	Rupture	d Carcinoma of	Sigmoid	
Гешола		gave rise to immedia	ele ceuse				
ō		(a), stating the uncause last.	(c)				
nation,	ATION	PART II. OTHER		IONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 4
2 Cremar	CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCU	RED. (Entar nature of Injury in P	art I or Part II of Item 1B.)	YES MO
or to buria	MEDICAL	20c. TIME OF INJUS	Month, Day, Yea	While Not Whila at work at work	e. PLACE OF INJURY (Homa, fa factory, street, office bldg., e		(County) (Slate)
prior		21. I certify the	at I took charge of	the remains described above	e, held an Autopsy 3	Inspection , Inquiry	, and in my opinion
È.		death resulted fr	on: Natural ca	ases . Accident .	Suicide . Homicide	Undetermined ma	
		V	X	A		L EXAMINER	
2		ACTUAL	1	rum Box ho	ASSISTANT ME	EDICAL EXAMINER	DATE SIGNED
DE A		SIGNATURE	1	100	M.D.	AL EXAMINER Acting	2/2/60
2		EXAMINER'S NAME (Type)	. I. Baumg	artner MD.			kland, Md.
2.	224	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	OF 22c. NAME OF CEMETE		22d. LOCATION (City, town,	or country) (Sleta)
5		Burial	2/5/62	Glendale	Cemetery	Garrett	Marvland
94	23	FUNERAL DIRECTOR	n mi,	ADDRESS	24e. RI	EC'D BY REGISTRAR 24b. REGIS	
W	X	Jerald 1	11. 0/ Cennic	Oakland, Ma	ryland DATE	EB 1 3 '62 CIN	Low S. Flrank
4() 4							

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01928

01909

PLACE OF DE O. COUNTY	Garrett		MARYLAND	2. USUAL RESIDENCE (Woo. STATE Mary]		b. COUNTY			sion)
RURAL and	OWN (If outside corporate lim give nearest town) Lake Park	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor Lake P		RURAL ond give n	earest town	n)
	HOSPITAL (If not in hospital,	give street (d. STREET ADDRESS		C. I'A			IDENCE FARM?
3. NAME OF DECEASED (Type or print	****	rst	Middle Henry	lost McRobie	4. DATE OF DEATH	Feb.	th the	-/	Year 1962
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		+	
Male	White	WIDOWE	D DIVORCED	July 3, 189	99	62 yrs.	Months Days	Hours	Min.
10a. USUAL OCC during most Pain	of working life, even if retired	1)	KIND OF BUSINESS OR INDU inting	STRY 11. BIRTHPLACE (Stote Oakland,	Mary		USA	OF WHAT	OUNTRY
		- 2 -							
	iam H. McRol		SOCIAL SECURITY NO. 17. II	Alice I	vair	Add	Iress		-
(Yes, no, or unknown		service)			McRobi	o W+ I	Lake Pa	rkm	Ma
gave rise couse (o), lying cous PART 200, ACCIDI		c)	CONTRIBUTING TO DEATH BUT				Dis VEN IN PART 1(o)	PERFC	AUTOPSY DRMED? NO
	FINJURY Month, Doy, Ye		Not while fo	ACE OF INJURY (Home, far ctory, street, office bldg., et	rm, 20f. (City	or town)	(Count	у)	(Stote)
	deceased alive on 21	ottend Feb	led the deceased from 1962 and that a	deoth accurred at $7r$	MED.	the couses or		te stated	we) lost above. b. DATE SIGNED
22c. PHYSIC NAME (B. L. Gi	ant		22d. ADDRESS 3 rd.	St. O	akland,		and	
230. BURIAL, CRI	Specify) 23b. DATE THERE		Oakland Ce	metery		lon (City, town,		(Sto	te)
24. FUNERAL DIE	M. Minnie	ch	oakland, M	aryland DATE	C'D BY REGISTI		ISTRAR'S SIGNAT		



FOR STATE HEALTH DEPT necessary, actor. Page TO DEPUTY ACEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please exect. So certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be followeded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01910 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)				
	Garrett MARYLAND	e. STATE West Va. b. COUNTY Mineral				
	b. CITY OR TOWN (if outside corporete limits. Le. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end				
1	write RURAL end give nearest town) Oakland 8 days	Antioch 85	2			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	I O. IS RESIDENCE			
-	Commande No. 1	A/	ON A FARM?			
	Cuppett-We-ks Nursing Home 3. Name of First Middle	None Last 4, DATE Month	YES NO			
1	DECEASED (Type or print)	OF	Day Year			
	Jacob H.	Metcalf. DEATH Feb. 2/1t.	h 19 62			
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y last birthday) Months D				
	Male White WIDOWED DIVORCED F	eb. 27, 1873 last birthday) Months D	eys Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if reflred)		EN OF WHAT COUNTRY			
1	Rt. Clerk B & O RR	Mineral County, W. Va. U	.S.A.			
	Benton Metcalf	Virginia Sultser				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iffyesgive werordates of service)	NFORMANT Address				
4	No (1) (II) (II) (II) (II) (II) (II) (II)	Cund H. Motoall Antioch	.West Va.			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	was in fine way	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: A CHIMPE CARDITAC BATTILDE DIT MONADY PROPERTY ON THE PARTY OF THE					
9	42 O DUE TO	The state of the s	DE-TO LITIE			
1	CUPONTC MYOCAPDT	TTS	Years			
1	gave rise to immediate cause		Tears			
4	(e), sleting the underlying DUE TO	SIS; AORTIC VALVE CALCIFICATION	37			
1			Years			
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?			
			YES NO 1			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	nter neture of Injury In Part I or Part II of item 18.)				
	-	CE OF INJURY (Home, farm, † 20f. (City or town) (Count	10.			
	Hour a.m. p.m. While Not While factor at work factor at work	CE OF INJURY (Home, farm, 20f. (City or town) (Count orry, street, office bldg., etc.)	y) (State)			
1	21. I certify that I took charge of the remains described above, hel	d an Autopsy X, Inspection X, Inquiry X,	and in my opinion			
	death resulted from: Natural causes IC. Accident . Suigh	de . Homicide . Undetermined manner				
		CHIEF MEDICAL EXAMINER				
	ACTUAL ASSISTANT MEDICAL EVANINED TO DEST STORY					
1	DEBITY MEDICAL EVANIMED TO					
1	EXAMINER'S James H. Feaster, Jr., M.		2-24-62			
1	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country)	(State)			
	Burial Feb. 27,1962 Queens Point	Keyser, West Va.				
	23 FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE			
	Meo. K. Chambers Keyser, West V	a. DATE FEB 2 8 '62 Civiling 8, 1	Tenia			
-			N. A. W. O'CHET			

Orello	ADJUST MARKET BEAUTION	92617
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(0 <u>1</u> -4)	To a summary to the wife the	
	Perference and Perfect Strongers	
	o Joint Weyser, Ma	antet = Int. 27, 1982 comen
	Libert Man Company of the Company of	eta 18 de de la companya de la compa

01930

CERTIFICATE OF DEATH

Reg. 01911

	01010				Keg. Dist. TNO.
1. PLACE OF DEATH o. COUNTY GE	arrett	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	b. COUNTY	an: Residence before admission) Allegany
RURAL and give no	If autside carporate limits, earest town) rantsville, N		c. CITY OR TOWN (If o	outside corporate limits, write RI	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, give Goodwill Mer	street address) nnonite Home Inc.	d. STREET ADDRESS 8 Frost A		e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print)	First Mary	Middle Jane	lost Prichard	4. DATE Mon OF DEATH Feb.	
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 1. 186	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
during most of wor	+	Own Home			12. CITIZEN OF WHAT COUNTRY
John Th	omas		14. MOTHER'S MAIDEN N Unknown	AME	
15. WAS DECEASED EVE			I. Prichar	d,69 Broadwa	ay, Frostburg, Mo
Conditions, if a gove rise to i couse (o), stating lying couse lost.	the under-		teriosclero		10 yrs
PART II. OTI		left hip	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	PERFORMED?
20a. ACCIDENT WAR	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Part II of item 1B.)	
20c. TIME OF INJUR Haur o. m. p. m.			LACE OF INJURY (Home, form portory, street, office bldg., etc.		(County) (State
actual signature	Paige	Strong	h occurred at 5:00	M, from the couses an ADDRESS (Street, city or town, ville, Md.	Feb. 10,1
PHYSICIAN'S NAME (Type)	A. Paige	7		tsville, Md.	
Burial	2/12/62	Frostburg Me	morial Park	Frostburg	Md.
	S SIGNATUREL A TO T	Funeful Home	24o. REC'	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, old be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certiticate be executed minimally may be retained by the haspital ar attending physician.

TO FUNERAL DIF DR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be retached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 21 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A1S (4) 15M 9/5B

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after by be retained by the hospital or attending physician.

ECTOR: After this certificate has been signed by the attending physician and completely filled. sctor, page 3 mould be detached for use as the burial-transit permit. Then pleass remove carbon papers. filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, virtin 72 ho TO HOSPITAL death. Page 4

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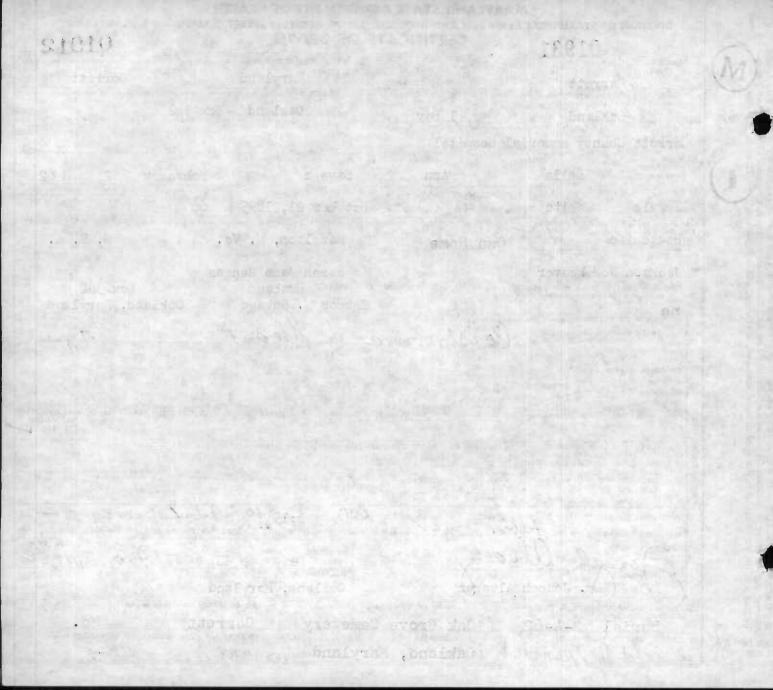
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		01931		CERTIFIC	ATE	OF DEATH	-at			019	12
	PLACE OF DEATH					2. USUAL RESIDEN	CE (Whare da			danca bafora	edmission)
	~	rrett		MARYL	AND	e. STATE Mary	yland	b. COUN	Ga:	rrett	
	b. CITY OR TOWN (if	f outside corporata limi	is, c	LENGTH OF STAY	' IN 1b	c. CITY OR TOWN	(If outside corp	orate limits, writa	RURAL end gi	ve nearest to	own)
		give nearest town) kland	77.543	1 Day		X Oak!	Land	Box 342			
		AL OR INSTITUTION (f not in hospite		ss)	d. STREET ADDRESS					RESIDENCE
	Garrett Co	unty Memor:	ial Hos	pital		4					NO D
3.	NAME OF	First	0.00	Middle		Last	4. DATE	Month	C		par
	(Typa or print)	Della		Ann		Savage	OF DEATH	Februa	rv	2 19	9 62
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	19	. AGE (In yeers	· ·		ER 24 HRS.
	Female	White	WIDOWED [DIVORCED		ctober 21.	1895	lest birthdey)	Months Day	s Hours	Min.
		ON (Give kind of work		OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (Cour	nty & State, or	foreign country)	12. CITIZE	OF WHAT	COUNTRY
do	Housewife	rking lifa, even if ratira	Own	Home		Hazelton,	W. Va			J. S.	A -
13.	FATHER'S NAME		OWII	nome	j 1	14. MOTHER'S MAIDEN			1	34 54	22.0
dia.	Jackson R	odeheaver			13.42	Sarah Jan	ne Mana	98			
15.	WAS DECEASED EVE	ER IN U.S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO). 17. IN			Address	Box	31,2	
(Ya	as, no, or unkown) (If	yas giva war or datas of s	arvica)			homas W. Sa		Oak	land, 1		n d
-	NO 18. CAUSE OF D	EATH [Enter only ona	causa per line	for (a), (b), and (c),		TIOMAS W. OE	ivage	Oan	Land, I	INTERVAL B	ETWEEN
	PART I. DEATH	H WAS CAUSED BY:	(Van	1		in line	ant	_		ONSET AND	
	IN A	IMMEDIATE CAUSE (a)	un	CUNUN	rea	3	un			dy	200.
	6-100	DUE TO				0			3, 19 5		
13	Conditions, if any	ate cause									
49	(e), steting the ur	nderlying DUE TO									
-	cause last.) (c)	TIONS CONTR	BUILDING TO DEATH	PLIT NOT	RELATED TO THE TERMI	NAI DISEASE	CONDITION CIV	EN IN DART 16	11 10 WAS	ALITOPSY
CERTIFICATION	PARI II. OTHER	SIGNIFICANT CONDI	IIONS CONTR	BOTING TO DEATH		KELATED TO THE TERMI	INAL DISLASE	CONDITION GIV	EL HA LAMI (fe	PER	FORMED?
CA	00 4 6 6 10 5 17 14	AS IN IDSDIVING	Onl Drago	as How willing	COLLDED	(f.) (! - ! ! -	Death as Death	1 -5 21 10 1		YES	ио 🕨
ERTIF		CAUSE OF DEATH	20b. DESCR	IRE HOW INJURY O	CCUKED. (Enter natura of injury In	ram or ram	or item is.)			
		MEDICAL EXAMINER)							10		(5)
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Ya	ar 20d. INJ Whila	Not While		E OF INJURY (Home, far y, street, offica bldg., at		y or fown)	(County)	(Stata)
ME	p.m.	19	at work	at work	W.						
	21. I certify th	hat (I) (this hospi	tal), attende	d the deceased	from	2CT 6:15	1960, to.	Februar	, 196.2	, that (I)	(we) last
	saw the deceas	ed alive on	16.1	19.6 7, an	nd that d	death occured at	M, from	n the causes	and on the	date stat	ed above
	220 SIGNATURE	0 11	11.00	7		ATTENDING	MED.	STAFF	91	2	26. DATE
	Jose	Joh W	wares	V	M.D	PHYS.	DIRECTOR	PHYS.	teb,	2,1	962
	226. PHYSICIAN'S	The Township	A 7	Δ		22d. ADDRESS	24 7 -				
		<u> </u>	1 Alvan	~		Oakland,					
23	REMOVAL (Spacify)	ON, 23b. DATE THE	REOF 2	3c. NAME OF CEA	METERY OF	R CREMATORY	23d. LOC	ATION (City, tov	vn or county)		(Stete)
	Buria	1 2-4-62) (Oak Grov	re Ce			rett		Md.	47
24	FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS	2.5			TRAR 25b. REC			
-	Served 1	1. Munn	uch 1	Jakland,	Mar	yland DATE	1 1 3 '62	2 an	Chur S. K	sau4	



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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
2 CERTIFICATE OF DEATH

01932

01913

1	1. PLACE OF DEATH a. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Garrett							
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland Rt 1	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland Rt. 1							
	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION	oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES VES NO							
	3. NAME OF DECEASED (Type or print) Laura	Middle Ellen	Shaffer Shark Feb. 11 1962							
	5. SEX 6. COLOR OR RACE 7. MAR Female White WIDOW	The state of the s	B. DATE OF BIRTH Peb. 18, 1885 P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. M							
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife WILL De Wildward Took (Give kind of work done during most of working life, even if retired) Own Home 12.CIT Elgon, W. Va.										
1	13. FATHER'S NAME David Winters		14. MOTHER'S MAIDEN NAME Lydia Snyder							
/	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT Address D. Shaffer, Jr. Oakland Rt. 1, Md.							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), storing the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DEATH									
	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. TIME OF INJURY Month, Doy, Year 20d. Hour o.m.	INJURY OCCURRED 20e. PLA	D. (Enter noture of injury in Port I or Port II of item 18.) ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)							
	21. I certify that (I) (this haspital) attended the deceased fram. 10 Nov., 16 11 Fc 16 2, 19, that (I) (we) last saw the deceased alive an 10 Fc 16.2 and that death accurred at 1 pM, fram the causes and an the date stated abave. 220. SIGNATURE 221. I certify that (I) (this haspital) attended the deceased fram. 10 Nov., 16 Nov., 17 Nov., 18 Nov., 19 Nov.,									
	23g. Burial, Cremation, 23b. Date Thereof REMOVAL (Specify) 2/14/62	23c. NAME OF CEMETERY OF	Cemetery Aurora W. Va.							
	24. EUNERAL DIRECTOR'S SIGNATURE.	ADDRESS Oakland, Mar	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATU							

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n de la companya de l REMEMBERSHALL GOT POSTS CRESCT W. U.S. CONSTRUCTION OF STREET Low Genedough showed wille had LEWINE ENTERE Elea Comment May 19 19 19 AUTOS OPPOS LON Same 3/2/62 SANDS SANDS ENERGENHEE CAREET CARLO Den According Commences, MD

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lires that the death certificate be executed within 24 hours after		the funeral	d 2-should	or removal, and in any event, within 72 hours after death.	-
47		by	an	r de	
WITHIN		filled	2	ours ale	
executed		completely	on papers.	ithin 72 ho	
pe		pue	arb	×	
certificate		hysician a	remove c	any event	
death		nding p	please	and in	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01915 01915 01934

1. PLACE OF DEAT	Н		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission							
a. COUNTY	GARRETT	MARYLAND	a. STATE	MARYLAND	b. COUNT			-		
	(if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corporet	limits, write	RURAL and give	hearest tow	n)		
	LAND	2 days	X	OAKLAND						
d. NAME OF HOSP	ITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRE					SIDENC		
GARRETT COU	NTY MEMORIAI	HOSPITAL	58	CENTER ST	REET		YES 🗌	NO Y		
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey	Year	-		
(Type or print)	DEWEY	MILLER	WELCH	DEATH	FEB.	16.	19	62		
S. SEX	6. COLOR OR RACE 7	. MARRIED K NEVER MARRIED	. DATE OF BIRTH		4 3 3 4 1 3 1 -	F UNDER 1 YEAR	IF UNDER			
MALE	WHITE	WIDOWED DIVORCED	APRIL 5. 1		51 yrs.	Months Deys	Hours	Min.		
	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR		ounty & State, or fore	gn country)	12. CITIZEN	OF WHAT C	OUNTR		
laborer		Saw Mill	Sang F	Run, Md.		USA				
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME						
1274075000		CLCH	NE	CLLIE LO	VDERMII	K				
	/ER IN U.S. ARMED FORCE	vice	INFORMANT		Address					
		220-03-7318 T	Sawrence V	Velch Oa	kland	Rt 1.	Md.			
18. CAUSE OF	DEATH [Enter only one co	auso per line for (a), (b), end (c).)	1. 7			I II	NTERVAL BET			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) Conditions, if any, which										
1	DUE TO # 1 # E									
Conditions, if any, which (b) Lactor April 100							15 cmitte			
geva rise to Immed	liete cause	Lostine / wi	10100		-6	-	970			
	(a), steting the underlying DUE TO									
	Couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)									
OL PART II. OTHE	x SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TER	MINAL DISEASE COL	DITION GIVE	IN IN PART I(a)	- PERFO			
CA					40.1		YES _	NO		
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURED), (Enter nature of injury	in Part I or Part II of	tem 18.)			-		
20c. TIME OF INJU	URY Month, Day, Year		CE OF INJURY (Home,		lown)	(County)		(State)		
Hour a.m.	19	While Not While tack	lory, street, office blug.,	910.7						
	that (I) (this hospita	l) attended the deceased from.	SEPT.	12.61 to	2/16/	1962	that (1) (we) la		
saw the decea	sed alimon 2/1	.6/62 19 and that	death occured at	O PM. from th	e causes a	nd on the	late state	dabov		
22a. SIGNATURE	1100							. DATE		
	BULL	men	ATTENDING PHYS.		HYS.			SIGNE		
22c. PHYSICIAN	ma	WIN VIN	22d. ADDRESS							
NAME (Type	B.L. GRA	NT, M.D.	THIRD	STREET	OAKI	AND, MA	RYLANI	0		
23e. BURIAL, CREMAT				23d. LOCATIO				tate)		
Burial		Garrett Co. 1		Gardens		and, I				
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25a.	REC'D BY REGISTRAL	25b. REG	STRAR'S SIGN.	ATURE			
Desald 1	Munnich	Oakland, Man	ryland DATE	FER 2 0 '62						
-V					च. न	wir S. Tra	MA			

C. C.

CONTROL DE L'ANDRE L'ANDRE

220-01-78 Take above worker . Mr. 1-19-025

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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